



## BANK CARD AUTHORIZATION

Identification and Criminal History Section  
Washington Access To Criminal History (WATCH)  
PO Box 42633, Olympia WA 98504-2633  
(360) 705-5100 Ext. 5; Fax (360) 570-5277  
<https://watch.wsp.wa.gov>

Bank card payment (VISA, MasterCard, Discover, or American Express) is accepted for fees payable to the Washington State Patrol. Complete the following information and submit with the requisite forms for your request. In order to protect bank card information, do not put your bank card number, expiration date, or security code on any form other than this authorization form. All information below must be complete in order to process your card.

I hereby authorize the use of my:

☐ VISA      ☐ MasterCard      ☐ Discover      ☐ American Express

for payment of my fees.

Please enter information as it appears on your bank card statement:

Name \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Amount Authorized \$ \_\_\_\_\_

Reason for Payment \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Bank Card Number:

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Expiration Date (MM/YY):

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CVV Number/Security Code:

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